




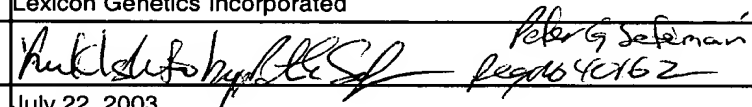
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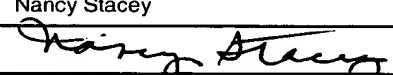
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/854,847	
	Filing Date	05/14/01	
	First Named Inventor	Mathur	
	Group Art Unit	1631	
	Examiner Name	C. L. Smith	
Total Number of Pages in This Submission	12	Attorney Docket Number	LEX-0173-USA

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): return postcard
Remarks		 24231 PATENT TRADEMARK OFFICE

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lance K. Ishimoto, Reg. No. 41,866 Lexicon Genetics Incorporated
Signature	 Peter G. Safeman Reg No 41862
Date	July 22, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, MS AF, P.O. Box 1450, Alexandria, VA 22313 on this date:			
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FEE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/854,847
		Filing Date	05/14/01
		First Named Inventor	Mathur
		Examiner Name	C. L. Smith
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group Art Unit	1631
TOTAL AMOUNT OF PAYMENT		(\$)	160.00
		Attorney Docket No.	LEX-0173-USA

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number: 50-0892		Fee Code Fee (\$)	
Deposit Account Name: Lexicon Genetics Incorporated		Fee Code Fee (\$)	
The Commissioner is authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code Fee (\$)	Fee Code Fee (\$)	Fee Description	
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims -20**= X = =			
Independent Claims -3**= X = =			
Multiple Dependent = =			
Large Entity	Small Entity		
Fee Code Fee (\$)	Fee Code Fee (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	**Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			
**or number previously paid, if greater; For Reissues, see above			
		Other fee (specify) _____	
		SUBTOTAL (3) (\$)	
		160.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Lance K. Ishimoto	Registration No. (Attorney/Agent)	41,866
Signature	<i>Lance K. Ishimoto</i>	Telephone	(281) 863-3333
		Date	July 22, 2003

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